

FIG. 1

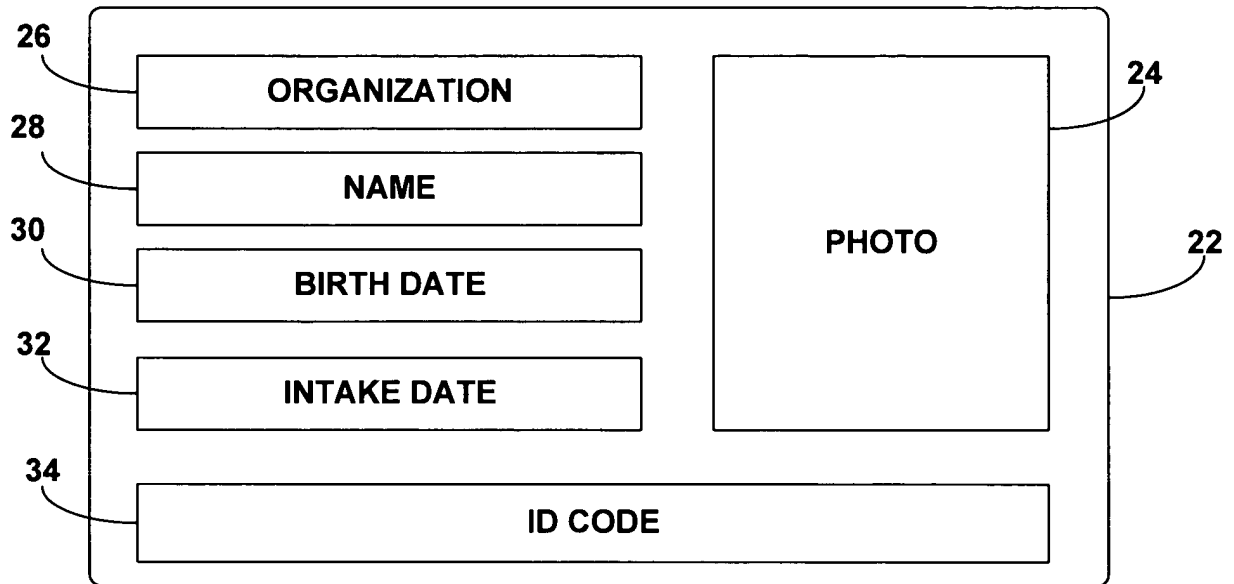


FIG. 2

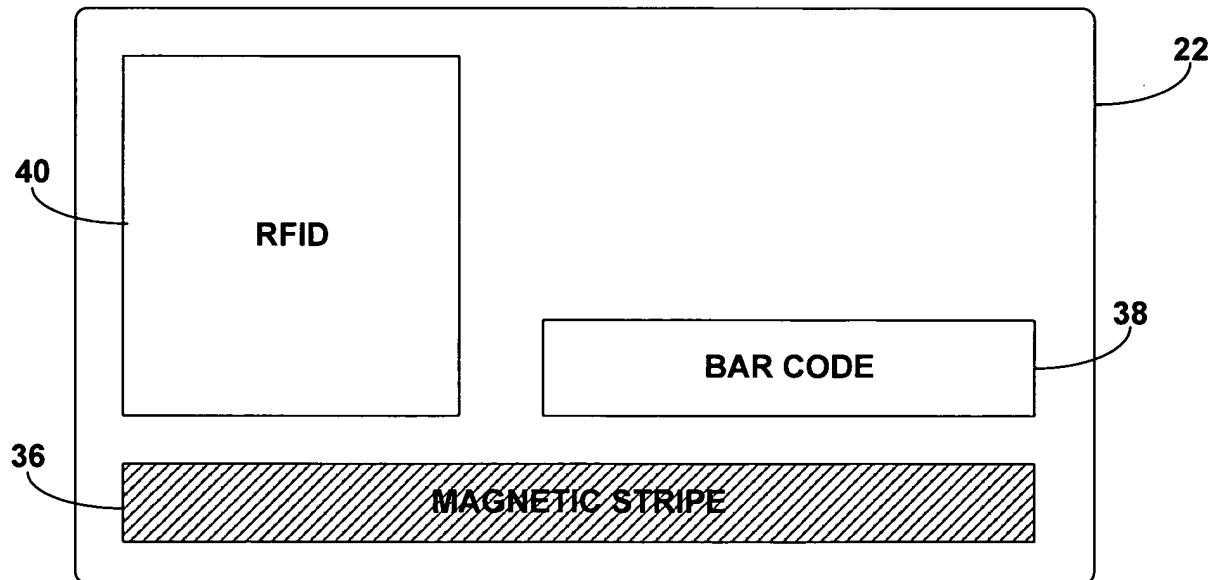


FIG. 3

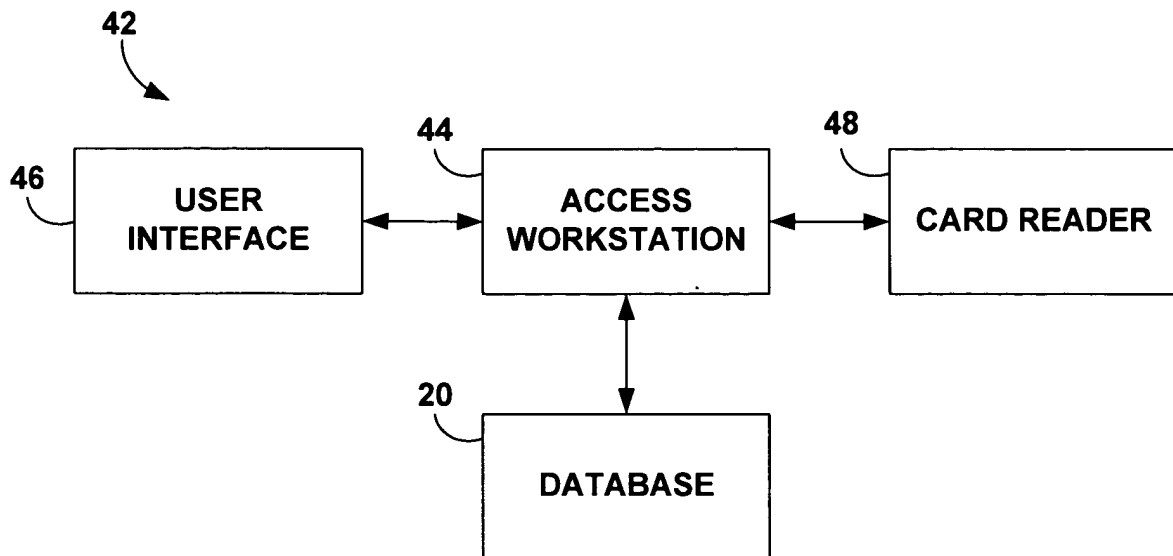


FIG. 4

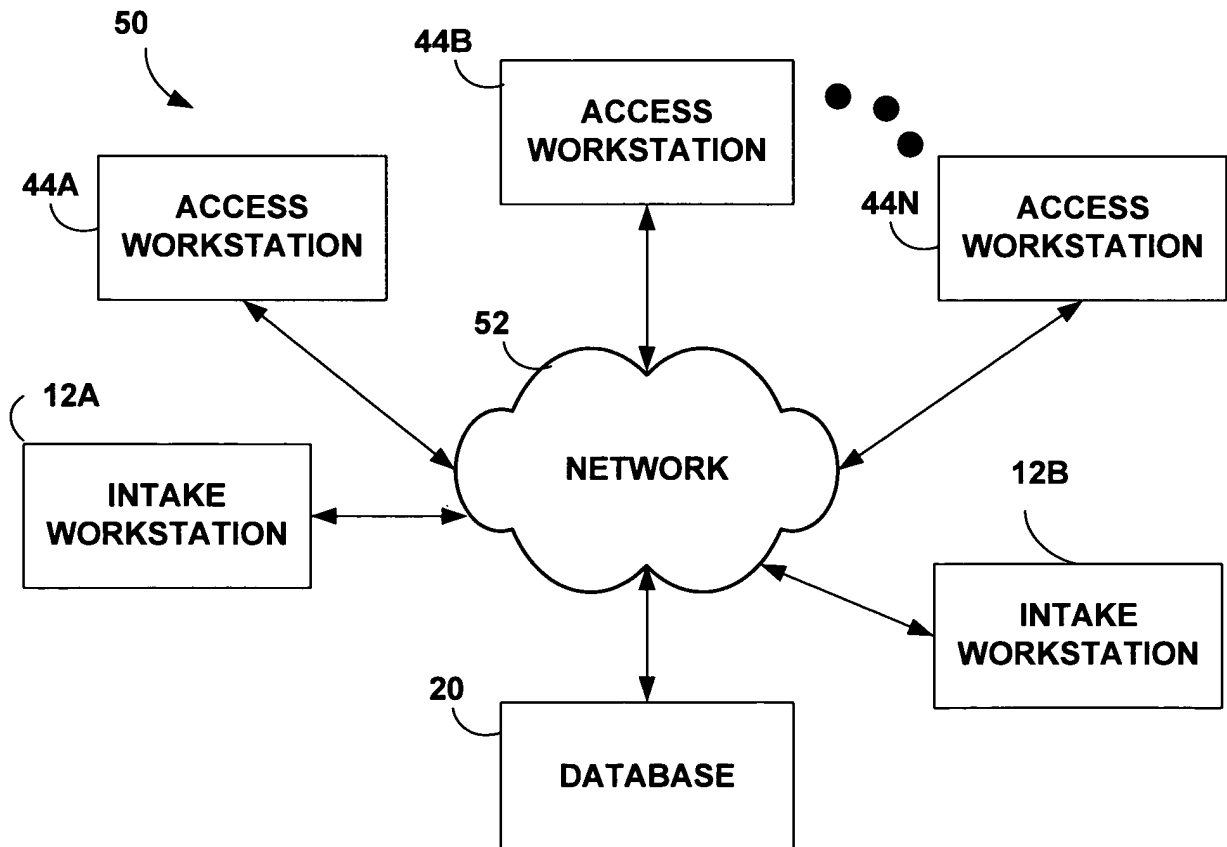


FIG. 5

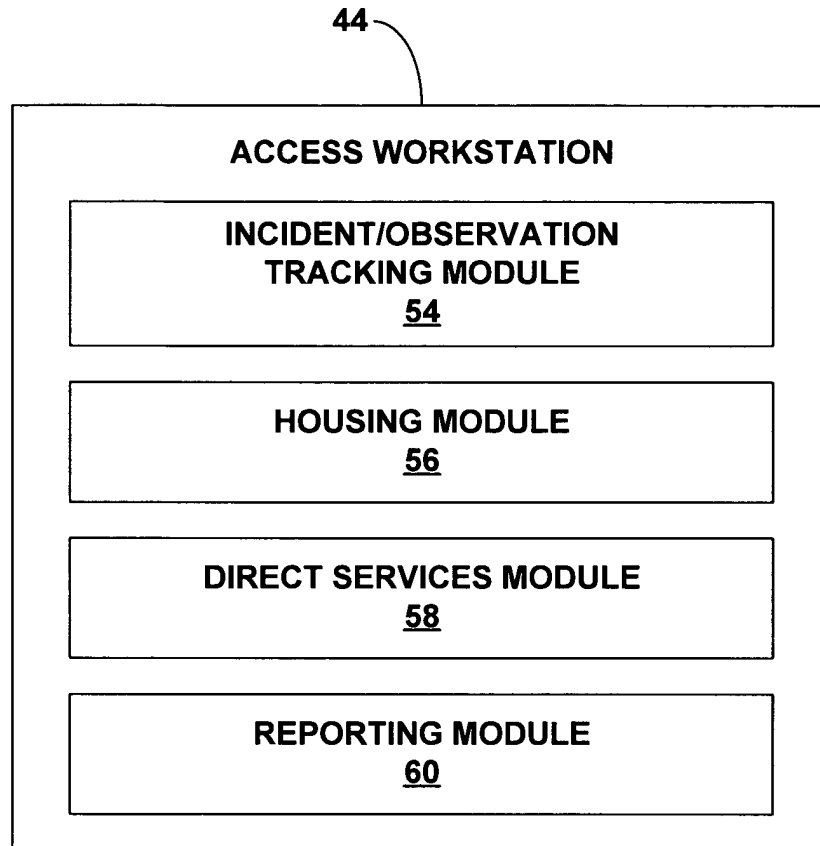


FIG. 6

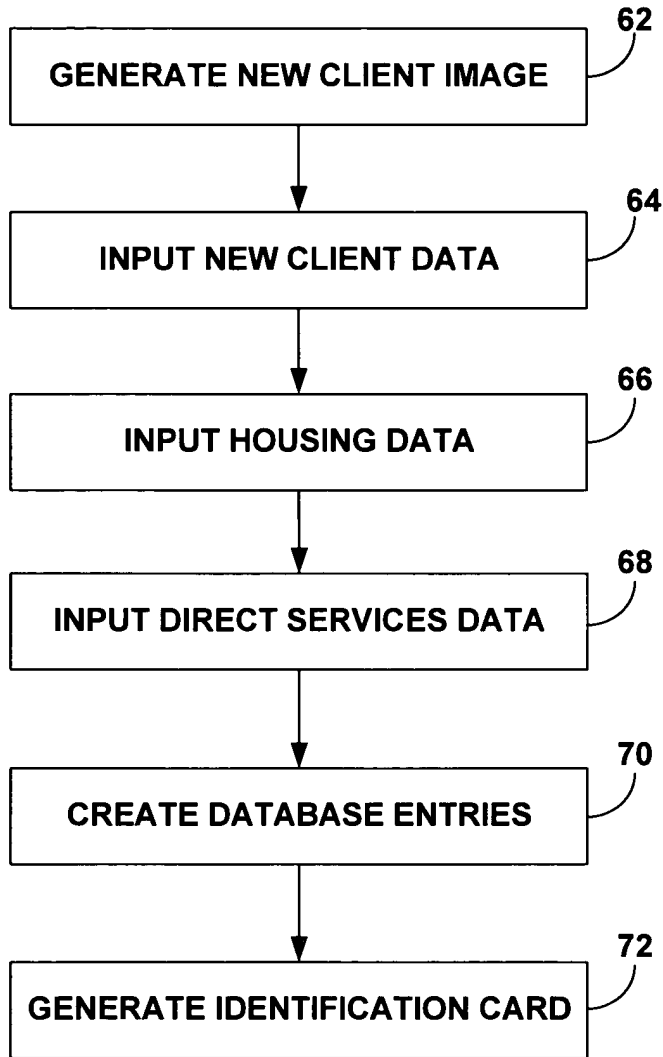


FIG. 7

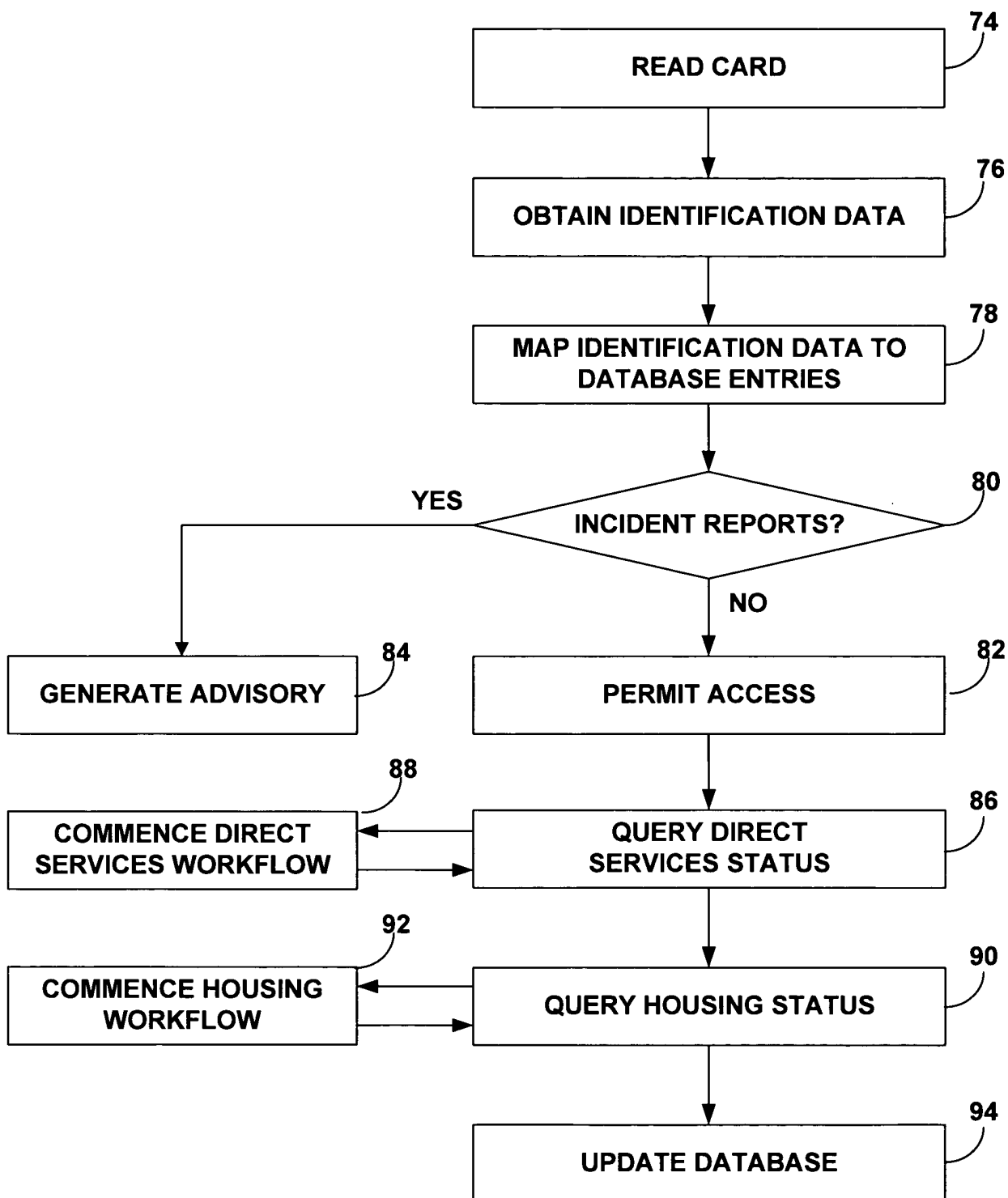


FIG. 8

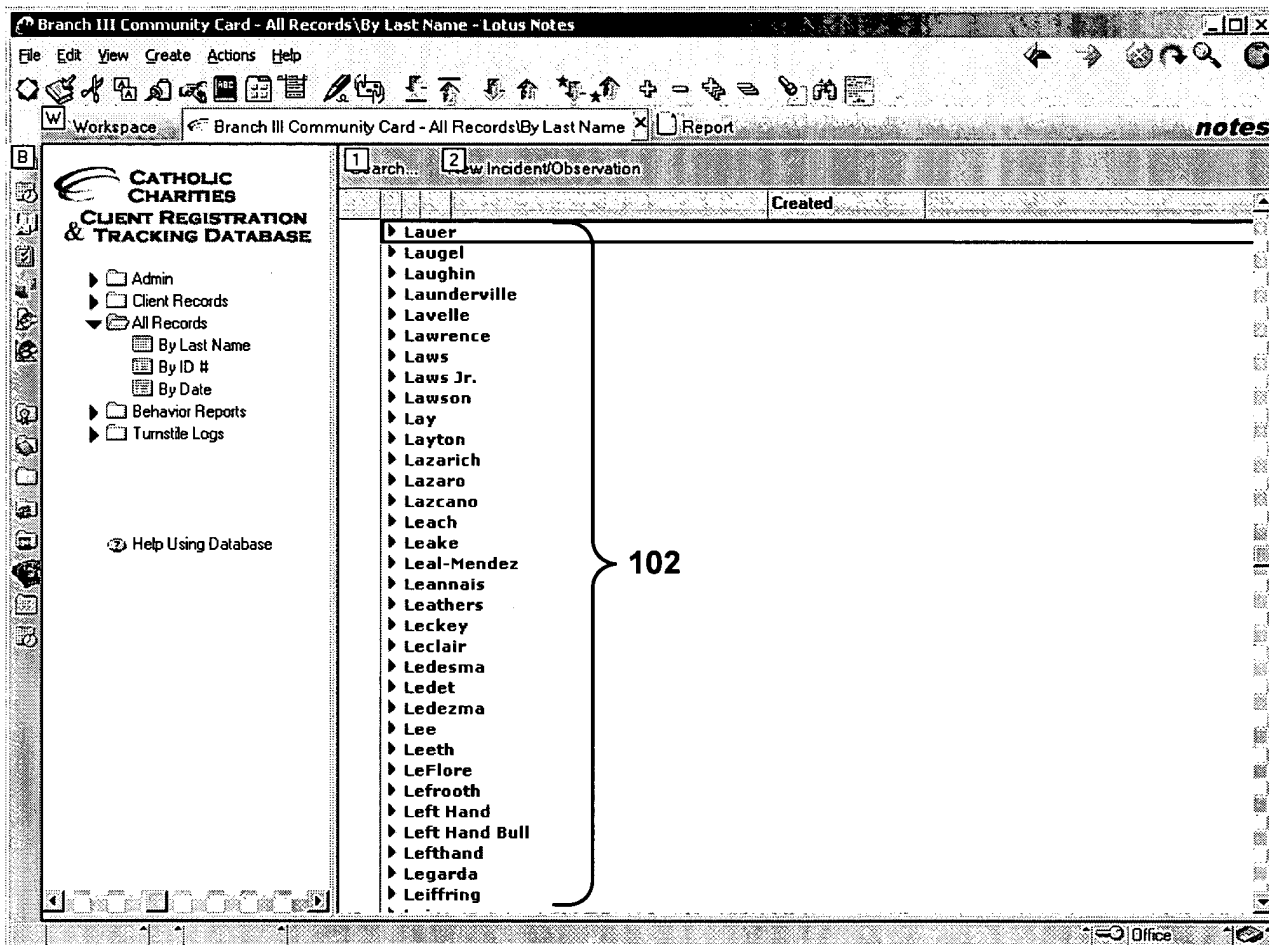


FIG. 9

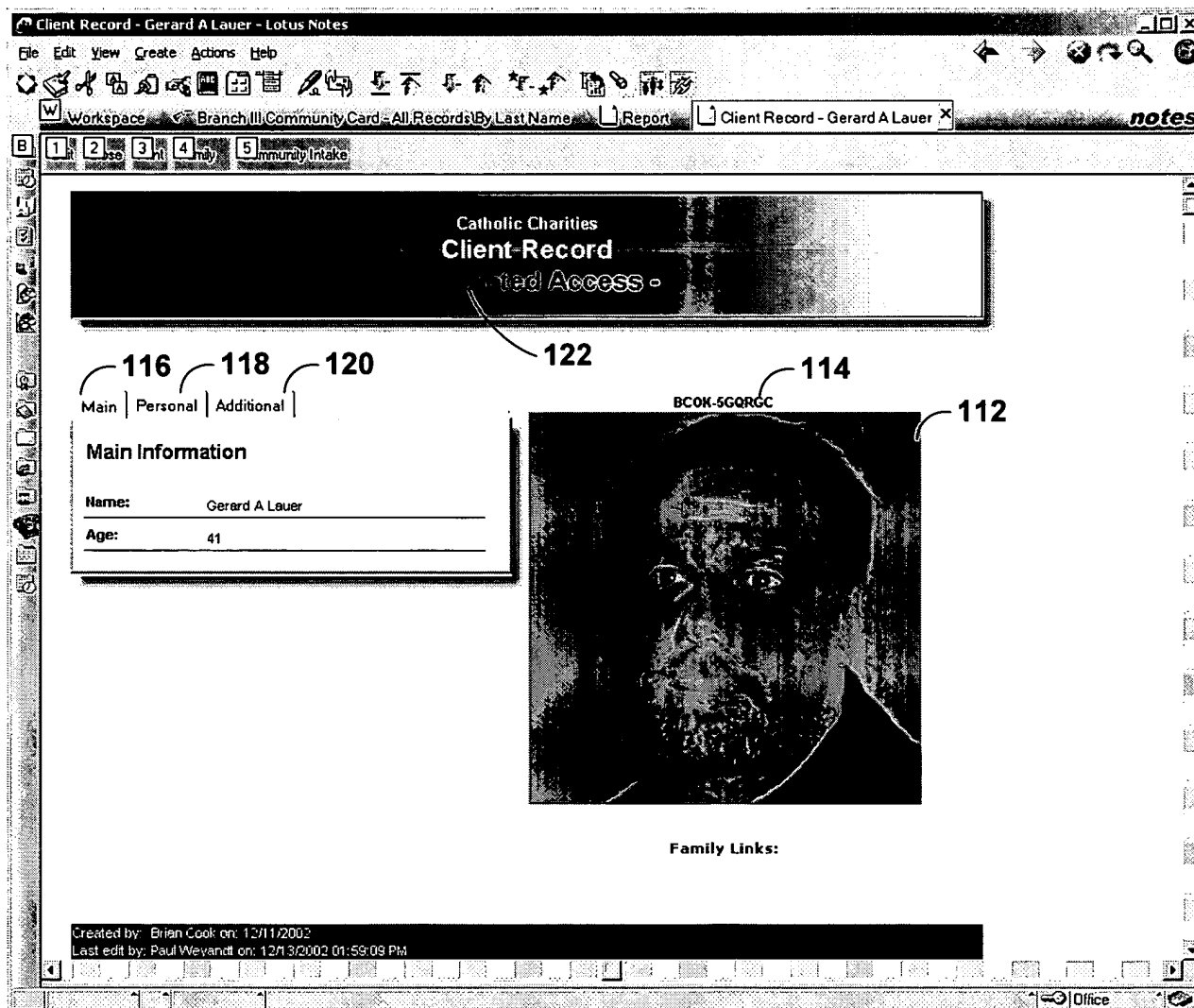


FIG. 10

130

CLIENT RECORD - GERRY LAUER	
GERRY LAUER	
Client ID: GLAR - 4SPV8E	
Child: Alinda Lauer Age: 10	
FORMS	
Incident report!	05/10/2001 03:18:21 PM
Observation report	05/10/2001 03:20:41 PM
Dorothy Day Intake Form	
Mary Hall Intake Assessment	
Mary Hall Housing Application	
SERVICES	
Services: Access Building	05/10/2001
Services: Access Building	05/09/2001
Services: Access Building	05/08/2001
Services: Access Building	05/07/2001

FIG. 11

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Community Intake - Lotus Notes

File Edit View Create Actions Help

Workspace Branch III Community Card - All Records By Last Name Report Community Intake

1 2 3 4 5

Catholic Charities
Community Intake

General Emergency Housing Education Income Employment Medical Veteran Community Collaboration

General

Date of Intake: 10/17/2002

Client Name: Paul Weyandt

Date of Birth: 10/17/2002

Age:

Intake By: Mary Ellen Walker

Document created by: Mary Ellen Walker on: 10/17/2002

Office

FIG. 12

145

Housing Intake - Lotus Notes

File Edit View Create Actions Help

Workspace Branch III Community Card - All Records By Last Name Report Housing Intake

1 2 3 4 en Client Record

Catholic Charities
Housing Intake

General Family Emergency Housing Education Income Employment Veteran Medical Criminal Other Exit Follow Up

General

Date of intake: 10/17/2002 16

Client name: Paul Weyandt

Date of birth: 10/17/2002

Age:

Intake by: Mary Ellen Walker

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☐ Create Case Note or Service Record ☐ Show All Services

Date	\$	Notes or Comments
------	----	-------------------

Office

FIG. 13

150

Client Services Intake - Lotus Notes

File Edit View Create Actions Text Help

Workspace Branch III Community Card - All Records By Last Name Client Services Intake

1 ve 2 ht 3 eck Spelling 4 en Client Record

Catholic Charities
Client Services Intake

General Family Emergency Housing Education Medical Veteran Credit Correctional Employment Additional

General

Date of Intake: 02/19/2003

Client Name:

Date of Birth:

Age:

SS#:

Intake By: Rolly Venegas

Create Case Note or Service Record Show All Services

Date	\$	Notes or Comments
------	----	-------------------

Office

FIG. 14

155

Behavior Report - Lotus Notes

File Edit View Create Actions Text Help

Workspace Branch III Community Card - All Records By Last Name Report Behavior Report

1 Live 2 Int 3 Check Spelling 4 Open Client Record

Catholic Charities
New Behavioral Report

CLIENT INFORMATION

Gerard A Lauer SSN: 333-33-3333

Age: 41 Male Eth: Caucasian/White

Height: 6 Weight: 210

Eye: Brown Hair: Blonde Skin: Medium

Picture

Report Type:

☐ Incident ☐ Observation

Location:

Date & Time: 02/19/2003 10:32 AM

Describe What Happened (Please comment on Who? What? Where? When? Why?)

Name of Supervisor Notified:

Staff filling out report: Rolly Venegas

Document created by: Rolly Venegas on: 02/19/2003 10:32 AM

Office

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FIG. 15

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Report Generator - Lotus Notes

File Edit View Create Actions Text Help

Workspace Branch III Community Card - Turnstile Logs Daily Report Generator

Report Generator

Report Type: ☒ Turnstile ☐ Cost of Services

Report Period: 01/01/2003 01/04/2003

Location/Service: Dorothy Day DD-Front Door

Include individual entries? ☐ Yes ☒ No

Additional Filters/Statistics:

☐ Age Is between And

☒ Sex Reports totals of Male and Female clients

☒ Ethnicity Reports totals in ethnic categories

Run the Report

Office

FIG. 16

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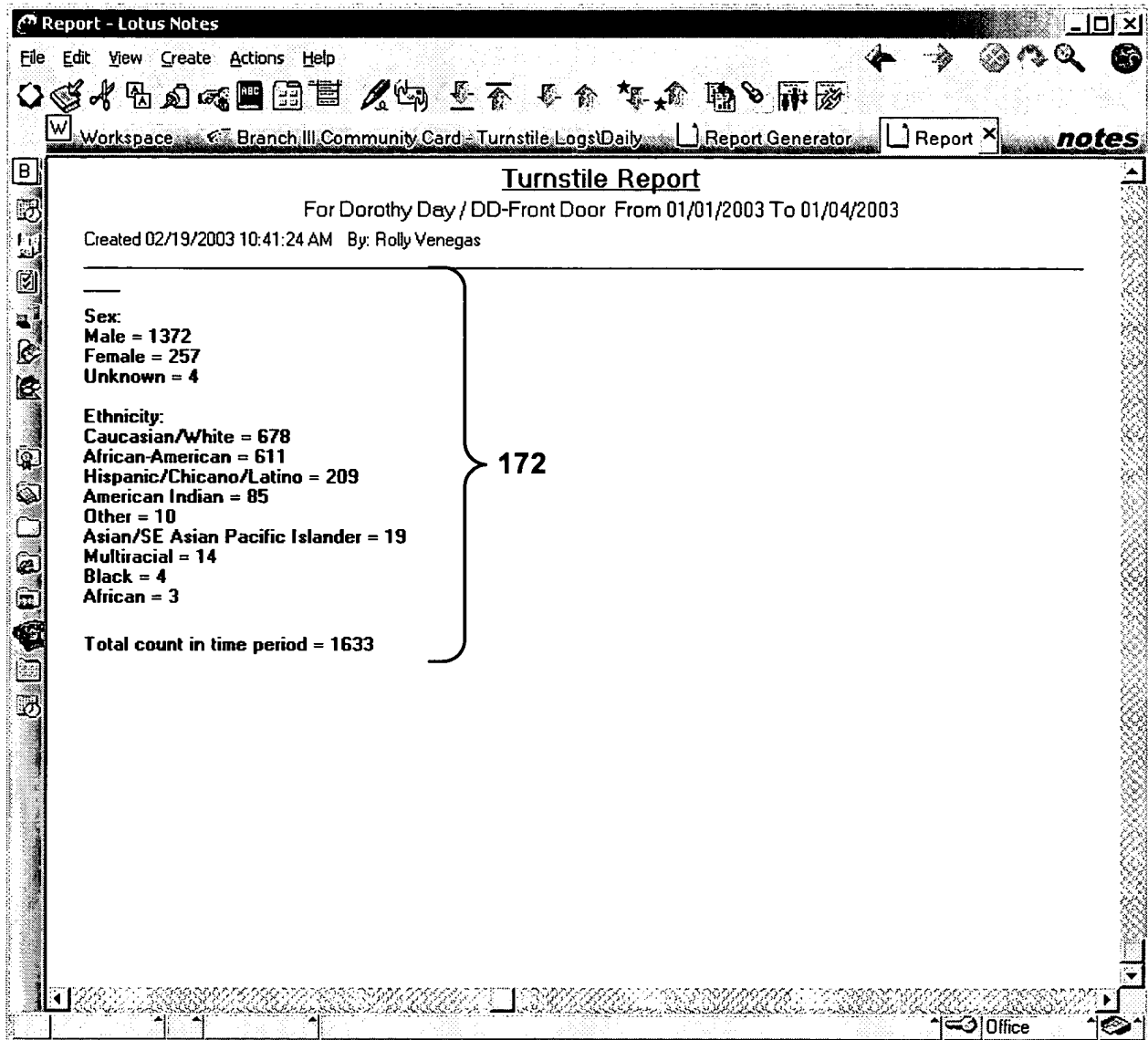


FIG. 17

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INTAKE-CLIENT

182

Date of Intake	05/10/2001
Program	---
Intake	Gerry Lauer

184

GUEST #1	
First name	Gerry
Middle name	A
Last name	Lauer
Ethnicity	White
Social Security	000-00-0000
Date of Birth	03/02/61
Age	40
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female

GUEST #2	
Middle name	
Social Security	
	<input type="radio"/> Male <input type="radio"/> Female

FIG. 18

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INTAKE - THE CHILDREN

192

CHILD INFORMATION	
First name	<u>Samuel</u>
Middle name	<u>David</u>
Last name	<u>Lauer</u>
Ethnicity	<u>White</u>
Social Security	<u>000-00-0000</u>
Date of Birth	<u>12/16/88</u>
Age	<u>12</u>
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female

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Name	<u>Gerry Lauer</u>	ID Card Key	<u>GLAR-4SPV8E</u>
Intake Date	<u>05/10/2001</u>	Social Security #	<u>000-00-0000</u>
Date of Birth	<u>03/02/61</u>	Sex	<u>Male</u>

FIG. 19

200

RESIDENCE INFORMATION	
Where have you spent most of the last 5 years?	
City	—
State	—
County	—
Country	USA
Are you homeless? ● Yes ○ No If yes, how long have you been homeless? Days — Months — Weeks — Years —	
What are the reasons that have led to your needing shelter? <input type="checkbox"/> 1 - Employment/Income <input type="checkbox"/> 2 - Eviction <input type="checkbox"/> 3 - No affordable housing <input type="checkbox"/> 4 - Unit condemned <input type="checkbox"/> 5 - Personal/ Family crisis <input type="checkbox"/> 6 - Physical abuse <input type="checkbox"/> 7 - Drinking/ drug use <input type="checkbox"/> 8 - Mental illness <input type="checkbox"/> 9 - Fear of crime/ violence <input type="checkbox"/> 10 - Other	

RESIDENCE INFORMATION	
Where have you stayed in the last 30 days?	
<input type="checkbox"/> 1 - Own Place <input type="checkbox"/> 2 - With friends or relatives <input type="checkbox"/> 3 - Another shelter <input type="checkbox"/> 4 - Streets/ cars/ vacant buildings <input type="checkbox"/> 5 - In treatment or group home <input type="checkbox"/> 6 - Jail or prison <input type="checkbox"/> 7 - Hospital <input type="checkbox"/> 8 - Detox <input type="checkbox"/> 9 - Hotel/ Motel <input type="checkbox"/> 10 - Other	
Last permanent address	—
City	Farmington
State	MN
County	—
Country	USA

FIG. 20

210

INTAKE - EDUCATION/EMPLOYMENT

EDUCATION/EMPLOYMENT	
Education? _____	
Income sources during last 30 days?	
<input type="checkbox"/> 1 - Day labour	
<input type="checkbox"/> 2 - Steady work	
<input type="checkbox"/> 3 - Unemployment	
<input type="checkbox"/> 4 - GA	
<input type="checkbox"/> 5 - WF	
<input type="checkbox"/> 6 - MFIP	
<input type="checkbox"/> 7 - SSI	
<input type="checkbox"/> 8 - SSD	
<input type="checkbox"/> 9 - Other	
<input type="checkbox"/> 10 - None	
<input type="checkbox"/> 11 - VA	
Type of employment	_____
Place of employment	_____
Type of job	_____
Hourly wage	_____
Monthly gross income	_____
Annual gross income	_____

FIG. 21

220

INTAKE - MEDICAL INFORMATION

MEDICAL INFORMATION

Do you have medical condition(s)? ☐ Yes ☐ No

Major medical condition(s): _____

Medication(s): _____

Do you have mental health issues? ☐ Yes ☐ No

Have you sought help for emotional or mental health problems in the last 6 months?

☐ Yes ☐ No

Do you have substance abuse issues? ☐ Yes ☐ No

Have you been in treatment or detox in the last 6 months? ☐ Yes ☐ No

FIG. 22

230

INTAKE - CLIENT INTERESTS

OTHER INFORMATION	
What are you good at? (talents, hobbies, interests)	232
Which of the following services do you wish to use?	
<input type="checkbox"/> 1 - Meals	<input type="checkbox"/> 8 - Access
<input type="checkbox"/> 2 - Shower	<input type="checkbox"/> 9 - Food Shelf
<input type="checkbox"/> 3 - Hygiene	<input type="checkbox"/> 10 - Medical Clinic
<input type="checkbox"/> 4 - Storage	<input type="checkbox"/> 11 - Support Groups
<input type="checkbox"/> 5 - Laundry	<input type="checkbox"/> 12 - Direct Services (i.e., Food Shelf, Bos Tokens, etc...)
<input type="checkbox"/> 6 - Veteran	<input type="checkbox"/> 13 - Employment Resource Center
<input type="checkbox"/> 7 - Mail	<input type="checkbox"/> 14 - Other
If other, please specify	
O Yes O No	

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FIG. 23